

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	WFO.	OEP.	WFO.	OEP.	WFO.	OEP.	WFO.	OEP.
1							61	
2							62	
3							63	
4							64	
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10							70	
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36							96	
37							97	
38							98	
39							99	
40							100	
41							TOTAL WFO.	
42							TOTAL OEP.	
43							TOTAL	
44								
45								
46								
47								
48								
49								
50								
TOTAL WFO.								
TOTAL OEP.								
TOTAL								

SERIAL NO

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st RECONCILEMENT		AFTER 2nd RECONCILEMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
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49						
60						
TOTAL NO.						
TOTAL DEF.						

	MO.	OEF.	MO.	OEF.	MO.	OEF.
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100						
TOTAL MO.						
TOTAL OEF.						
TOTAL						